

LINDA LINGLE  
Governor



SANDRA LEE KUNIMOTO  
Chairperson, Board of Agriculture

DUANE K. OKAMOTO  
Deputy to the Chairperson

State of Hawaii  
DEPARTMENT OF AGRICULTURE  
Pesticides Branch  
1428 South King Street  
Honolulu, Hawaii 96814-2512  
Phone: (808) 973-9401 Fax: (808) 973-9418

June 28, 2006

Dear Pesticide Applicator:

The United States Environmental Protection Agency issued a Section 18 Quarantine Exemption to the Hawaii Department of Agriculture to control the coqui and greenhouse frogs with hydrated lime. The quarantine exemption expires on April 26, 2008. We are required to submit a report to EPA annually and at the end of the three-year period that includes information on whether the use of hydrated lime controls the frogs.

As part of the on-going study to determine the efficacy of the use of hydrated lime, we are requesting the completion of the attached survey by each pesticide applicator. The data collected from the survey will be used to support the continued use of hydrated lime to control the coqui and greenhouse frogs when the quarantine exemption expires in 2008. If you have also used citric acid to control the frogs, please include this information on the survey.

Please complete one form for each of the tax-map parcels upon which you applied the hydrated lime. Complete the information to the best of your knowledge; accurate information will help us to determine whether the current rates are sufficient to control the frogs.

We would appreciate it if you could return the survey within one month of each application. If you have any questions or comments, please contact Avis Onaga at (808) 973-9414 or you may e-mail her at [Avis.S.Onaga@hawaii.gov](mailto:Avis.S.Onaga@hawaii.gov).

Sincerely,

A handwritten signature in black ink that reads "Robert A. Boesch".

Robert A. Boesch  
Pesticides Program Manager

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# SURVEY ON FROG CONTROL METHODS

1. County (check one):	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Kauai	<input type="checkbox"/> Maui	<input type="checkbox"/> Honolulu
2. Infested Site (check one):	<input type="checkbox"/> Natural Area	<input type="checkbox"/> Nursery	<input type="checkbox"/> Residence	<input type="checkbox"/> Resort <input type="checkbox"/> Other
3. Size of Infested Area (check one):	<input type="checkbox"/> 10 plants or less <input type="checkbox"/> 1 acre or less <input type="checkbox"/> More than 1 acre			
4. Height of Plants (check all applicable):	<input type="checkbox"/> 3 feet or less (groundcover) <input type="checkbox"/> 3-10 feet (understory) <input type="checkbox"/> Greater than 10 feet (canopy)			
5. Density of Vegetation (check one):	<input type="checkbox"/> <b>Dense</b> ( <i>Over half of area to be treated has dense tropical vegetation such as bamboo, ferns, vines, eucalyptus, monkey pod (sight range 30 feet or less). For nurseries, plant growth vigorous, plant height 18 inches, dense plant structure, over 3/4 of area planted with plants in rows or plants on benches 18 inches high, with no separation between plant leaves, such as ginger, anthurium, monstera, philodendron.</i> ) <input type="checkbox"/> <b>Moderate</b> ( <i>A few tall trees in canopy, understory species interspersed or planted in beds through area, ground cover is grass or other short vegetation (less than 6") and covers more than 1/2 of area; nurseries with orchids, bromeliads</i> ) <input type="checkbox"/> <b>Sparse</b> ( <i>90% or more of the area is covered with short (less than 6") vegetation. Sight range is not obstructed by vegetation.</i> )			
6. Frog population before treatment (check one):	<input type="checkbox"/> 10 or less <input type="checkbox"/> 11-100 <input type="checkbox"/> >100			
7. How estimation determined (check all applicable):	<input type="checkbox"/> Sound level <input type="checkbox"/> Number of frogs seen <input type="checkbox"/> Traps			
8. Treatment Method: (check all applicable)				
COMMENTS:	<input type="checkbox"/> Hand capture or trap		Date(s): _____	
	<input type="checkbox"/> Habitat Modification			
	<input type="checkbox"/> Herbicide		Date(s): _____	
	<input type="checkbox"/> Prune or remove vegetation		Date(s): _____	
	<input type="checkbox"/> Controlled fire		Date(s): _____	
	<input type="checkbox"/> Debris removal		Date(s): _____	
	<input type="checkbox"/> Chemical Control			
	<input type="checkbox"/> Lime 125 lbs/acre		Date(s): _____	
	<input type="checkbox"/> Lime 250 lbs/acre		Date(s): _____	
	<input type="checkbox"/> Citric acid		Date(s): _____	
<input type="checkbox"/> Other _____		Date(s): _____		
9. Frog population after treatment (check one): <input type="checkbox"/> 0 <input type="checkbox"/> ≤10 <input type="checkbox"/> 11-100 <input type="checkbox"/> >100				
10. Contact Information (Confidential) <i>This information is only to be used by individuals responsible for arranging for frog control activities after consultation with contact.</i>				
<div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Business / Other Name</span> <span>Date</span> </div>				
<div style="display: flex; justify-content: space-between;"> <div>             For Agency Use Only:    <b>TMK:</b> _____  <b>Agency Representative:</b> _____           </div> <div> <b>GPS Reading:</b> _____           </div> </div>				